

# INFOBulletin

Keeping health care providers informed of payment, policy or program changes

**To:** Primary Health Care Services

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**Re:** Changes to Primary Health Care Physician Payments

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This INFOBulletin serves as notice that your current primary care alternative funding arrangement is ending effective June 1, 2015 and that you have the option to continue to receive funding under a new agreement if you are willing to accept the changes as set out below as applicable to your group.

## **Physicians Services – Compensation for Clinical Services**

Under the 2012 Physicians Services Agreement (PSA), a discount of 0.5% was applied to all physicians' payments issued on or after April 1, 2013. The 0.5% discount was flowed through to payment for clinical services under the various primary care agreements, including physician payments by salary, sessional, per diem and capitation-based mechanisms.

Effective June 1, 2015, an additional discount of 2.65% will be applied to all physicians' payments for clinical services, including payments made pursuant to your new agreement.

## **Patient Enrolment Fee Codes**

For patient enrolments that are effective June 1, 2015 or later, the following Fee Codes will not be payable under your new agreement:

- Q013A 'New Patient Fee'
- Q033A 'New Graduate New Patient Fee'
- Q054A 'Mother and Newborn Fee'
- Q055A 'Multiple Newborn Fee'

The following Patient Enrolment Fee Codes will continue to be payable under your new agreement:

- Q023A 'Unattached Patient Fee'
- Q043A 'New Patient Fee FOBT Positive/Colorectal Cancer (CRC) Increased Risk'

## **Per Patient Rostering Fees**

For patient enrolments effective June 1, 2015 or later, the following Per Patient Rostering fees will be reduced to pay at zero dollars:

Q200A 'Per Patient Rostering Fee'  
Q201A 'GHC Per Patient Rostering Fee'  
Q202A 'LTC Per Patient Rostering Fee'

Physicians should continue current enrolment processes and submit these Fee Codes in order to manage patient enrolment, but there will no longer be any payment associated with these Fee Codes.

## **Health Care Connect Program Fees**

For enrolments effective June 1, 2015 or later, the following Health Care Connect Fee Codes will not be payable under your new agreement:

Q056A 'HCC Upgrade Patient Status'  
Q057A 'HCC Greater than Three Months Fee'

The Complex Vulnerable Patient fee code (Q053A) will continue to be payable for the attachment of complex vulnerable patients through the Health Care Connect program under existing payment rules. However, the following payments associated with attachment of a complex vulnerable patient through Health Care Connect will cease for existing and new patients effective June 1, 2015:

- The *Complex Fee for Service Premium Payment* to Family Health Group (FHG) and Comprehensive Care Management (CCM) physicians.
- The *Complex Vulnerable Capitation Payment* to Family Health Organizations (FHO), Family Health Networks (FHN), Community Sponsored Agreement Blended Salary Model (CSA/BSM) physicians.

Note: The Health Care Connect program will continue to function as a tool to assist patients in finding a primary care provider; physicians are encouraged to continue using this program to reduce the number of unattached patients.

## **Continuing Medical Education (CME)**

For CME activity on or after June 1, 2015 the following Fee Codes will no longer be payable under your new agreement:

Q555A 'Main Pro C'  
Q556A 'Main Pro M1'  
Q557A 'Other'

## **Managed Entry**

The 2012 PSA established a Managed Entry process for the Family Health Network (FHN) and Family Health Organization (FHO) models through which controls were imposed on the number of physicians permitted to enter these models each month. The process permitted 40 new physicians to commence in the FHN and FHO models each month under two streams; 20 in a priority stream and 20 in a stream based on the date upon which the application was received.

For physicians commencing in FHNs or FHOs effective June 1, 2015 and onwards, monthly registration into these models will be limited to 20 physicians per month in areas of high need, i.e, within the priority stream only. This change is effective for commencement dates of June 1 and after, regardless of when the application/documents were submitted to the ministry.

## **Income Stabilization Program**

For physicians commencing in the FHN and FHO models effective June 1, 2015 and onwards, participating in the Income Stabilization program will be limited to eligible physicians joining a FHN or FHO in areas of high physician need.

Physicians registered on Income Stabilization prior to June 1, 2015 continue under this program until the end of their one-year term, subject to the requirements of the program.

## **Acuity Modifier Payment**

No Interim Acuity Modifier Payments, as set out in the 2012 Physician Services Agreement, will be made in 2014/15 or thereafter.

If you have any questions, please contact your primary care program analyst at 416-325-3575 or 1-866-766-0266.